

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE POLICY</b>	
	<b>Chapter 10:</b> Adoption and Guardianship	<b>Effective Date:</b> March 1, 2021
	<b>Section 05:</b> Maintaining Sibling Connections	<b>Version:</b> 3

## POLICY OVERVIEW

The bond between siblings is often the longest lasting relationship most people have, and these bonds help children develop their own unique personal identity throughout their lives. Biological siblings share the same genetic makeup; this becomes very important as children move into resource and adoptive families where they may differ in physical and cultural experiences, as well as, differences in medical predisposition, talents, and intellectual capabilities. When siblings are placed together, they are less likely to feel isolated, and they may share experiences and familiar family history. The complex bonds linking brothers and sisters are universal and among the most important in life. These relationships form the blueprint for later relationships with peers, friends, marriage partners, and their own children. A sibling is the only person who knows how things were in both the family of origin and the subsequent history of foster care placement. Integration of the child's past experiences, along with future experiences will help in the child's development and understanding their own identity. When siblings cannot be placed together, the ability to maintain contact with each other may help alleviate the emotional impact of removal for each child.

## PROCEDURE

The Indiana Department of Child Services (DCS) will, to the extent possible, attempt to place a sibling group in the same pre-adoptive home, including:

1. Any additional siblings taken into care at a later date; or
2. Any siblings of a child in a previously finalized adoption that have re-entered out-of-home care or who may be in need of a new pre-adoptive placement.

DCS will make an exception to the requirement of placing siblings together when:

1. There is documentation from a Qualified Mental Health Provider (QMHP) therapist, or counselor explaining why placement together would not be in the best interest of one (1) or more of the children, and why the issues cannot be rectified by intensive family services;
2. A court ordered separation of the siblings; or
3. A sibling is in residential treatment, hospitalized, or in a juvenile detention center.

DCS will ensure that children who are not placed together have weekly face-to-face contact. See policies 8.12 Developing the Visitation Plan and 10.09 Adoption Transition Plan and Pre-Placement Visits for additional information.

The Family Case Manager (FCM) will:

1. Conduct a search for any siblings that are in separate placements;

2. Interview each sibling, if appropriate based on the child's age and developmental level, and discuss;
  - a. Any concerns the child may have, and
  - b. The child's feelings about maintaining the sibling relationship, through visitation and phone contact if placement together is not possible.
3. Interview the resource parents, therapist, and other service providers to gain insight on each child's sibling relationships;
4. Engage the Child and Family Team (CFT) and assess the needs of the child. See policy 5.07 Child and Family Team Meetings for additional information;
5. Forward the recommendation of the CFT and the information gathered from the resource parents, therapist, and other services providers to their FCM Supervisor for review;

**Note:** Submit a list of pros and cons to the FCM Supervisor in the event the CFT cannot reach consensus.

6. Document all actions, including the decision of the FCM Supervisor, into the case management system; and
7. Implement the visitation plan and ensure sibling connections are addressed in the child's adoption transition plan, if children are not able to be placed together. See policies 8.12 Developing the Visitation Plan and 10.09 Adoption Transition Plan and Pre-Placement Visits for more information.

The FCM Supervisor will:

1. Review the list of pros and cons that have been forwarded from the FCM if the CFT was unable to reach consensus;
2. Make a recommendation based on the information received from resource parents, therapist, other service providers, and CFT members;
3. Ensure a Case Conference or staffing with the Adoption Consultant is scheduled, if applicable;
4. Provide assistance and guidance during clinical supervision to ensure all documentation is complete and in accordance with best practice; and
5. Ensure all documentation is entered into the case management system.

## LEGAL REFERENCES

N/A

## RELEVANT INFORMATION

### Definitions

#### Clinical Supervision

Clinical Supervision is a process in which an individual with specific knowledge, expertise, or skill provides support while overseeing and facilitating the learning of another individual.

### Forms and Tools

- [Adoption Consultant Map](#)
- Visitation Plan – Available in the case management system

### Related Policies

- [5.07 Child and Family Team Meetings](#)
- [8.12 Developing the Visitation Plan](#)
- [10.09 Adoption Transition Plan and Pre-Placement Visits](#)